	3
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	15 16 15 15 20 22 22 24 25 24
DF8868	26 27 28 29 30 31 32 DA

(§)	- k							•		OMB No 1545-0687
Forn	.990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							2018	
	artment of the Treasury	For calendar year 2018 or other tax year beginning , and ending Go to www.irs gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).								en to Public linspection for
Interi	nal Revenue Service	₽ D	· · · · · · · · · · · · · · · · · · ·					1		(c)(3) Organizations Only
_	address changed Exempt under section		Name of organization (Check box if name changed and see instructions) D Employer identification (Employees' trust, see instructions)							
1	X 501(C) 3)	Print	CLEAN STRE				INC.	⊣		660
Ļ	408(e) 220(e)	or	Number, street, and room or		ee instructio	ns		52-22		
ļ	408A 530(a)	Type	180 N. MII					E Unrelated bus		activity code
	529(a)		City or town, state or provi	nce, country, and ZIP or	•			90009	•	1
	Book value of all assets		LEXINGTON	(6		V.I	40507	90003	, 9	1
í	134,592,132		roup exemption number				501/a\ tauat	401/5) 45:104	. [Othertunt
ш і	Enter the number of the		heck organization type				501(c) trust libe the only (or first) ι	401(a) trust		Other trust
	► PUBLICLY T						ibe the only (or hist) t	inelated trade of b		nly one, complete
	Parts I–V If more than o	······					is santance, complete	Parts Land II com		
	Schedule M for each add					JIEVIOL	us sentence, complete	Faits Faild II, Coil	ibiete	•
_	During the tax year, was					ent-su	ibsidiary controlled or	nun?		▶ Yes No
- 1	f "Yes," enter the name				pa	J. N. J.	Joseph Grand Gr			, C C
J	The books are in care of	▶ D	EAN K. HUNT	, ESQ.			Te	lephone number 🕨	8	59-687-9578
.Pa	art lod Unrelated	Trade	e or Business Inc	come			(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales	3								
þ	Less returns and allow	ances		c Balance	•	1c				
2	Cost of goods sold (So	hedule /	A, line 7)			2		「中華語」、「中華」	J-124	(7°), -1, 300 (8°), -1
3	Gross profit Subtract I	ine 2 fro	m line 1c			3			ۇ. ئەركىي	
4a	Capital gain net incom		•			4a				
b	Net gain (loss) (Form 4797	', Part II, I	ine 17) (attach Form 4797)		4b				
С	Capital loss deduction	for trust	S			4c			ته و مرد	
5	Income (loss) from partnership	•	oration (attach statement)	SEE STMT	1	5	-30:		\$ 5,542	-301
6	Rent income (Schedule					6				
7	Unrelated debt-finance		,			7				
8	Interest, annuities, royaltie		-			8				
9	Investment income of a se			ition (Schedule G)		9		<u> </u>		
10	Exploited exempt activ					10		-		
11	Advertising income (Sec. 199		-	SEE STMT	2	11	-1 03		, , , ,	-1,034
12	Other income (See ins		•	SEE SIMI	2	13	-1,03		5.00	-1,034
13 ≅≨D"	Total. Combine lines 3		t Taken Elsewhei	ro /See instruc	tions fo				for o	
E. I.	deduction	s must	t be directly conne	cted with the u	inrelate	d bus	siness income)	lions / (Except	101 0	ontributions,
14	Compensation of office	ers, direc	ctors, and trustees (Sc	hedule K)					14	
15	Salaries and wages								15	
16	Repairs and maintenai	nce						L	16	
17	Bad debts			חבטבא	<u> </u>			_	17	
18	Interest (attach schedu	ıle) (see	instructions)	RECEIV	/ヒリ	اں۔			18	··
19	Taxes and licenses					ĺχ		·	19	
20	Charitable contributions (S	ee instruc	tions for limitation rules	NOV 19	2019		1 1	<u> </u>	20	
21	Depreciation (attach F	orm 456	²⁾ [o)		S	21		بتنت	_
22	Less depreciation clair	ned on S	3chedule A and elsewh	nère on return	115	盤	22a		22b	0
23	Depletion im			OGDEN	Ja. 😉 I	1		-	23	
24	Contributions to deferr		ensation plans					F	24	
25	Employee benefit prog		1 1- IN					-	25	<u> </u>
26	Excess exempt expens							-	26	
27	Excess readership cos							}	27	
28	Other deductions (atta							-	28 29	
29 20	Total deductions. Add			ina lace dadustica	Cubira	nt luma '	20 from line 12	-	30	-1,335
30 31	Unrelated business tax Deduction for net open		•	=				F	31	-1,335
32	Unrelated business tax	-	• •		oi Jailua	ıyı,∠'	o to (see manuchons)	}	32	-1,335
<u>52</u>	For Panerwork Redu							L	Ų.	Form 990-T (2018)

Pa	rt III 🎋 Total Unrelated Business Taxable income			
33	Total of unrelated business taxable income computed from all unrelated trades or busin	esses (see		
	instructions)		33	
34	Amounts paid for disallowed fringes		34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018	(see		
	instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 fi	rom the sum		
	of lines 33 and 34		36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater	than line 36,		1
	enter the smaller of zero or line 36		38	0
Pa	rt IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		▶ 39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on			
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1	1041)	40	
41	Proxy tax. See instructions	İ	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See Instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0
Pa	rt V Tax and Payments	T I	1	
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		
b	Other credits (see instructions)	45b		
C	General business credit Attach Form 3800 (see instructions)	45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44 Other taxes		46	
47	Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att s	sch)	47	0
48	Total tax. Add lines 46 and 47 (see instructions)		48	<u> </u>
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	co.	49	
50a	Payments A 2017 overpayment credited to 2018	50a		
b	2018 estimated tax payments	50b	\dashv .	
C	Tax deposited with Form 8868	50c		
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d 50e		
e	Backup withholding (see instructions)	50f	 ,	
'	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments Form 2439	301	_	
y	Form 4136 Other Total	50g	. ^	
5 1	Total payments. Add lines 50a through 50g	[30g	51	
51 52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	▶ [52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	, [53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount over	erpaid	54	
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶	Refunded I		
	rt VI Statements Regarding Certain Activities and Other Inform			
56	At any time during the 2018 calendar year, did the organization have an interest in or a			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "YES," the or	ganization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the rhere ▶	name of the foreign country		X
57	During the tax year, did the organization receive a distribution from, or was it the granton	of or transferor to a foreign t	rust?	X
•	If "YES," see instructions for other forms the organization may have to file	or, or transfer to, a recogni		
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the best of my knowledge and I	belief, it is	
Sig	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	r has any knowledge		May the IRS discuss this return
Her	DIRECTOR			with the preparer shown below (see instructions)?
	Signature of officer Date Title			Yes No
	Print/Type preparer's name Preparer's signature	Pate	Check	If PTIN
Paid	LOUIS E. FISTER, JR. LOUIS E. FISTER, JR.	11/15/	19 self-en	nployed P00277052
Prep	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		rm's EIN 🕨	61-1373721
Use		110 / /		
	Firm's address LEXINGTON, KY 40503	Pr	none no	859-219-0098
				Form 990-T (2018)

Form 990-T (2018)

Enter here and on page 1,

Part I, line 7, column (B)

Enter here and on page 1, Part I, line 7, column (A)

Totals

Total dividends-received deductions included in column 8

FOIII 990-1 (2016) CHEAT	TREAMS F	CONDATIO	11/ 1	<u></u>		Z ZZOO	200			
Schedule F – Interest, Annu	ities, Royalti	es, and Ren	ts Fron	m Controlle	d Or	ganization	s (see instruc	tions)		
			Exem	pt Controlled	Organ	ıızatıons				
1 Name of controlled organization ide		2 Employer ntification number 3 Net uni		related income 4 Total of s		ital of specified ments made	ed 5. Part of column 4 t		6 Deductions directly connected with income in column 5	
1) N/A							 			
•							 	.		
2)							 			
3)						· ·····				
4)							<u> </u>			
Nonexempt Controlled Organizat	ions							T	·	
7 Tayahla lacema		Net unrelated income oss) (see instructions)		payments made		included in	10 Part of column 9 that is included in the controlling organization's gross income		11 Deductions directly connected with income in column 10	
1)										
2)							<u> </u>			
3)										
4)										
						Enter here a	ns 5 and 10 ind on page 1, 3, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (8)		
Totals					<u> </u>	<u> </u>				
Schedule G – Investment In	come of a Se	ection 501(c))(7), (9)	, or (17) Or	ganiz	zation (see	instructions)			
1 Description of income		2 Amount of income		3 Deductions directly connected (attach schedule)		I	4 Set-asides (attach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
1) N/A										
2)							, ,			
3)				1						
4)										
rotals	>	Enter here and or Part I, line 9, col							ater here and on page 1, art I, line 9, column (B)	
Schedule I – Exploited Exer	npt Activity I	ncome, Othe	er Thar	n Advertisii	ng Ind	come (see ii	nstructions)			
				<u> </u>						
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expension directly connected production unrelate business in	y with n of ed	4 Net income (lo from unrelated tr or business (colu 2 minus column If a gain, compu cols 5 through	ade umn 3) ute	5 Gross income from activity that is not unrelated business income 6 Expens attributable column 5		table to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
1) N/A			- 1							
2)		1	-							
								····		
3)										
4) Enter here and on		art I,						Enter here and on page 1,		
「otals ▶				\$ 47- 3 2.		で開発で開	5-785 Wat 13-84	第35 7件 到	(함	
<u> Schedule J – Advertising In</u>	come (see ins	tructions)								
Rarti Income From P	eriodicals Re	eported on a	Consc	olidated Ba	sis					
1 Name of periodical	2 Gross advertising income	3 Directary advertising		4 Advertising gain or (loss) (c 2 minus col 3) a gain, comput cols 5 through	iol If	6 Circulation income		idership osts	7 Excess readership costs (column 6 minus column 5, but not more than	
27/2				SAN YAZINGANISAJIR SERARA	3. 275Sec				column 4)	
1) N/A					×*****	·				
2)									THE REPORT OF THE PROPERTY OF THE PARTY.	
3)										
4)			5		144				The first the table	
Totals (carry to Part II, line (5))										

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising 7 Excess readership 2 Gross gain or (loss) (col costs (column 6 1 Name of periodical 3 Direct 5 Circulation 6 Readership advertising minus column 5, but 2 minus col 3) If advertising costs ıncome costs income a gain, compute not more than cols 5 through 7 column 4) (1) N/A (2) (4) Totals from Part I ▶ Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	

Form **990-T** (2018)

1769 CLEAN STREAMS FOUNDATION, INC. 52-2286668 Federal Statements

52-2286668

FYE: 12/31/2018

Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp	 Gross Income	 rect (Part. only)	Net Income
PUBLICLY TRADED PARTNERSHIPS	\$ 9,164	\$ 9,465 \$	-301
TOTAL	\$ 9,164	\$ 9,465 \$	-301

Statement 2 - Form 990-T, Part I, Line 12 - Other Income

Description	Amount
INTEREST INCOME K-1	\$ 2
DIVIDEND INCOME K-1	37
ROYALTY K-1	-694
K-1 PTP 1231 LOSSES	
TOTAL	\$

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